

## TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)

(37 C.F.R. 1.311)

Docket No.  
89330/97-003

Applicant(s): UBER et al.

Serial No.  
09/027,852Filing Date  
2/23/1998Examiner  
B. CaslerGroup Art Unit  
1911Batch No.  
Z97

Invention: PATIENT INFUSION SYSTEM FOR USE WITH MRI

**TO THE ASSISTANT COMMISSIONER FOR PATENTS****Washington, D.C. 20231****Attention: Box Issue Fees**

Transmitted herewith are the following for the above-identified application.

 Issue Fee Transmittal Form PTOL-85 Utility Fee: \$ 1210.00       Design Fee: \_\_\_\_\_       Plant Fee: \_\_\_\_\_ A check in the amount of \$1,210.00 is attached. The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 13-2530 as described below. A duplicate copy of this sheet is enclosed.

Charge the amount of  
 Credit any overpayment.  
 Charge any additional fee required.

Signature

Gregory L. Bradley  
 MEDRAD, INC.  
 One Medrad Drive  
 Indianola, PA 15051

Dated: April 14, 1999

I certify that this document and fee is being deposited on 4/14/99 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Signature of Person Mailing Correspondence

Gregory L. Bradley

Typed or Printed Name of Person Mailing Correspondence

cc:

**AL OF PAYMENT OF ISSUE FEE (Large Entity)**  
**(37 C.F.R. 1.311)**

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**Washington, D.C. 20231**  
**Attention: Box Issue Fees**

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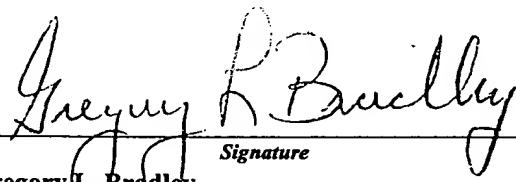
Issue Fee Transmittal Form PTOL-85

Utility Fee: \$ 1210.00       Design Fee: \_\_\_\_\_       Plant Fee: \_\_\_\_\_

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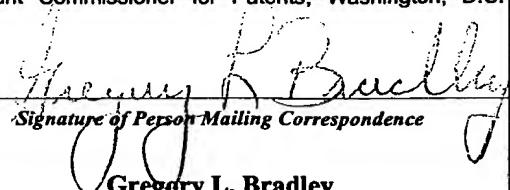
A handwritten signature in black ink, appearing to read "Gregory L. Bradley".

Signature

Gregory L. Bradley  
MEDRAD, INC.  
One Medrad Drive  
Indianola, PA 15051

Dated: **April 14, 1999**

I certify that this document and fee is being deposited on **4/14/99** with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

  
Signature of Person Mailing Correspondence

Gregory L. Bradley

Typed or Printed Name of Person Mailing Correspondence

cc:

**PART B—ISSUE FEE TRANSMITTAL**

ite and mail this form, together with the fees, to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

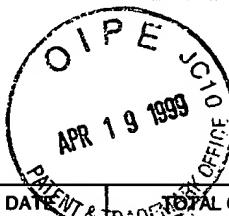
7560 4/5/99

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

GREGORY L. BRADLEY  
MEDRAD INCORPORATED  
ONE MEDRAD DRIVE  
INDIANOLA PA 15051

19M1/0329



Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

**Certificate of Mailing**

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Gregory L. Bradley (Depositor's name)

*Gregory R. Bradley* (Signature)

April 14, 1999 (Date)

APPLICATION NO.	FILING DATE	TYPE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/027, 852	02/23/98	044	CASLER, B	1911	03/29/99

First Named  
Applicant UBER,

ARTHUR E.

III

TITLE OF  
INVENTION PATIENT INFUSION SYSTEM FOR USE WITH MRI

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3 89330/97-003	600-432.000	Z97	UTILITY	NO	\$1210.00	06/29/99
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.				<i>Gregory L. Bradley</i> 1 _____ 2 _____ 3 _____		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE MEDRAD, INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Indianola, PA 15051

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual  corporation or other private group entity  government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee \$1,210.00  
 Advance Order - # of Copies \_\_\_\_\_

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 13-2530

(ENCLOSE AN EXTRA COPY OF THIS FORM)

Issue Fee  
 Advance Order - # of Copies 5

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

4/14/99

NOTE: The issue fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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APR 20 1999

**TRANSMIT THIS FORM WITH FEES**

(See back for fees)